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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auti	iorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
RESTORE DEMOCR	ACY		
<u> </u>			
ADDRESS (number and street)	6 E STREET SE		
Check if different than previously reported. (ACC)	WASHINGTON		DC 20003 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	YA	STATE ▲ ZIP CODE ▲
C C00559211		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Report Due On:	20 (M2) May 20 (M 20 (M3) Jun 20 (M6	(Non-Election Year Only)
April 15 Quarterly Report (July 15 Quarterly Report (October 15	(c) 12-Day PRE-Election Report for the:	20 (M4) Jul 20 (M7) Primary (12P) Convention (12C)	Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R) Special (12S)
Quarterly Report (January 31 Year-End Report (Floatio	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on 11 08	in the State of DC
5. Covering Period 1		through 11	28 2016
I certify that I have examined to	DeChaine, James A., , ,	my knowledge and belief it is	true, correct and complete.
Signature of Treasurer	haine, James A., , ,	[Electronically Filed]	Date 12 09 7 2016
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

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	OF RECEIPTS AND DISBURSEMENTS	- I
FEC Form 3X (Rev. 05/2016)		Page 2
Write or Type Committee Name		
RESTORE DEMOCRACY		
Report Covering the Period: From:	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 11 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		1955.61
(b) Cash on Hand at Beginning of Reporting Period	11725.61	
(c) Total Receipts (from Line 19)		20000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11725.61	21955.61
7. Total Disbursements (from Line 31)	4000.00	14230.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7725.61	7725.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a r	multicandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

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Write or Type Committee Name

RESTORE DEMOCRACY

Report Covering the Period: From:	01 2016 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	0.00	10000.00
(ii) Unitemized(iii) TOTAL (add	0.00	0.00
Lines 11(a)(i) and (ii)	0.00	10000.00
(b) Political Party Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	0.00	10000.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	20000.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	****	
(Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	20000.00
0. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	20000.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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4000.00	14230.00
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DETAILED SUMMARY PAGE

of Disbursements

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Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 0.00 20000.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 20000.00 0.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 2530.00 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 2530.00 (subtract Line 37 from Line 36)

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SCHEDULE B (FEC Form 3X)	Hoo consists astrodute()	FOR LINE I		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b	
Any information copied from such Reports and State				
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
RESTORE DEMOCRACY				
Full Name (Last, First, Middle Initial)			5	
A. AMI BERA FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 582496			10 31 2016	
City ELK GROVE	State Zip Code CA 95758		FEC Identification Number	
Purpose of Disbursement	93730		C C00461061	
Contribution		011	Transaction ID : SB23.4187	
Candidate Name		Category/	Amount of Each Disbursement this Period	
BERA, AMERISH, , ,		Туре	1000.00	
Office Sought: House Disburse Senate	ment For: 2016 Primary 🗶 General		1000.00	
President	Primary ★ General Other (specify) ▼		Memo Item	
State: CA District: 07				
Full Name (Last, First, Middle Initial) B. ANGIE CRAIG FOR CONGRESS			Date of Disbursement	
ANGIL CHAIG FOR CONGRESS			M M / D D / Y Y Y Y	
Mailing Address PO BOX 22116			10 31 2016	
City	State Zip Code		FEC Identification Number	
EAGAN Purpose of Disbursement	MN 55122			
Purpose of Disbursement Contribution 011			C C00575209	
Candidate Name		Category/	Transaction ID : SB23.4184 Amount of Each Disbursement this Period	
CRAIG, ANGELA DAWN, , ,		Type		
	ment For: 2016		1000.00	
Senate President	Primary General Other (specify)			
State: MN District: 02	Outer (specify)		Memo Item	
Full Name (Last, First, Middle Initial)			5. (5)	
C. FRIENDS OF PATRICK MURPHY			Date of Disbursement	
Mailing Address 4521 PGA BLVD #412			10 31 2016	
City	State Zip Code		EEC Identification Number	
PALM BEACH GARDENS	FL 33418		FEC Identification Number	
Purpose of Disbursement Contribution		044	C C00493825	
Candidate Name		011	Transaction ID : SB23.4181	
MURPHY, PATRICK E, , ,		Category/ Type	Amount of Each Disbursement this Period	
	ment For: 2016	.,,,,	1000.00	
x Senate	Primary General			
President	Other (specify) ▼		Memo Item	
State: FL District: 00			<u> </u>	
SUBTOTAL of Disbursements This Page (optional)		······• >	3000.00	
TOTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form 3X)	Har same to the total of	FOR LINE NUMBER: PAGE 7 OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 x 23 26 27
	, ,	28a 28b 28c 29 30b
		ed by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) RESTORE DEMOCRACY		
Full Name (Last, First, Middle Initial) A. SCHNEIDER FOR CONGRESS		Date of Disbursement
Mailing Address PO BOX 1318		10 31 2016
City DEERFIELD	State Zip Code IL 60015	FEC Identification Number
Purpose of Disbursement Contribution	011 C C00495952 Transaction ID : SB23,4190	
Candidate Name SCHNEIDER, BRADLEY SCOTT,		Category/ Type Amount of Each Disbursement this Period
	nent For: 2016 Primary	1000.00
State: IL District: 10	Canon (openity)	Memo Item
Full Name (Last, First, Middle Initial) 3.		Date of Disbursement
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	FEC Identification Number
Purpose of Disbursement	<u> </u>	C
Candidate Name	'	Category/ Type Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	
State: District:	Carron (opening)	Memo Item
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	FEC Identification Number
Purpose of Disbursement		C
Candidate Name		Category/ Type Amount of Each Disbursement this Period
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify) ▼	
State: District:		Memo Item
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		